

LETTERS TO THE EDITOR

Ribavirin and bronchiolitis: variation in use in the UK

EDITOR,—Following a recent study demonstrating the lack of efficacy of dexamethasone in bronchiolitis,¹ Everard has commented that there is little evidence that any specific treatment for bronchiolitis is of major clinical benefit.² The American Academy of Pediatrics (AAP) has issued guidelines for the use of ribavirin in respiratory syncytial virus (RSV) bronchiolitis.³ These guidelines have not been widely accepted in the UK and the indications for ribavirin use remain controversial.

To investigate this further we have recently conducted a nationwide survey of UK paediatricians' attitudes and use of ribavirin, related to their experience of bronchiolitis. A structured questionnaire was sent to all UK consultant hospital paediatricians, requesting one reply from each hospital unit. Paediatricians were asked which groups of children at risk of severe RSV disease (from the AAP guidelines), who had been hospitalised with RSV bronchiolitis, they would routinely treat with ribavirin. We also asked how many children with bronchiolitis they had admitted, ventilated, or treated with ribavirin during the winter 1 October 1993 to 30 April 1994. Replies were received from 73% of all hospitals. For the following high risk groups the percentage of paediatricians who indicated that they would routinely use ribavirin in the treatment of an infant hospitalised with RSV bronchiolitis was: congenital heart disease 62%, bronchopulmonary dysplasia 69%, cystic fibrosis 62%, immunodeficiency 67%; for those severely ill requiring fractional inspiratory oxygen >0.5 35%, and with raised carbon dioxide tension 30%, neonates 15%, infants with multiple congenital abnormalities 9%, and with significant neurological disease 7%.

From the replies, we estimated (by extrapolating from the infant population of each district), that there were 20 000 infants admitted, 640 ventilated and 620 treated with ribavirin in the UK during the 1993-4 season. From a similar questionnaire we sent to pharmacy departments (response rate 84%), we estimated that 1700 vials of ribavirin were dispensed for use in children, at a cost of over a third of a million pounds, although many of the larger units in the UK are no longer using ribavirin at all. The results of this survey demonstrate that only two thirds of UK paediatricians would routinely use ribavirin for children with underlying heart or lung disease and those with immunodeficiency. For the other clinical indications recommended or suggested by the AAP, most paediatricians in this country would not routinely use ribavirin. This study confirms that there is considerable uncertainty and variation in the use of ribavirin in high risk infants among UK paediatricians.

Mortality rates for high risk infants with RSV bronchiolitis seem now to be lower than previously quoted.⁴ American critical care paediatricians remain unconvinced about the safety and efficacy of ribavirin, and are unhappy with the AAP guidelines.⁵ There are

no published data on the cost effectiveness of ribavirin treatment. As the mortality of RSV bronchiolitis now appears very low, a large double blind placebo controlled trial assessing the clinical and cost effectiveness of ribavirin treatment in high risk infants is both ethical and essential for evidence-based decision making.

We thank the Royal College of Paediatrics and Child Health for help with information, and Professor Martin Bland (St George's Hospital) for statistical advice.

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- 1 Roosevelt G, Sheehan K, Grupp-Phelan J, *et al*. Dexamethasone in bronchiolitis: a randomised controlled trial. *Lancet* 1996;348:292-5.
- 2 Everard ML. Acute bronchiolitis—a perennial problem. *Lancet* 1996;348:279-80.
- 3 American Academy of Pediatrics. Use of ribavirin in the treatment of respiratory syncytial virus infection. In: Peter G, ed. *Red book: report of the Committee on Infectious Diseases*. 23rd Ed. Elk Grove Village, IL: AAP, 1994:573.
- 4 Navas L, Wand E, de Carvalho V, Robinson J. Improved outcome of respiratory syncytial virus infection in a high-risk hospitalised population of Canadian children. *J Pediatr* 1992; 121:348-54.
- 5 Zucker AR, Meadow WL. Paediatric critical care physicians' attitudes about guidelines for the use of ribavirin in critically ill children with respiratory syncytial virus pneumonia. *Crit Care Med* 1995;23:767-72.

A diagnosis obscured: pyloric stenosis with situs inversus

EDITOR,—The recent paper by Godbole *et al* is an interesting addition to the debate over the value of clinical examination versus ultrasound scanning in the diagnosis of infantile hypertrophic pyloric stenosis.¹ Pyloric stenosis can often be diagnosed reliably on the basis of history and examination alone, with ultrasound imaging used only as an adjunct. In less certain cases, where history is strongly suggestive but examination is negative, ultrasound can be crucial. We describe a patient in whom an unusual incidental secondary diagnosis obscured the primary diagnosis and ultrasound confirmed both quickly and simply.

A 6 week old boy was seen in clinic with a two week history of vomiting and weight loss. The vomiting occurred 10-20 minutes after a bottle feed, without bile staining, and the parents described it as 'like a fountain' rather than projectile. After vomiting he would settle until the next feed was due. His birth weight was 3995 g, at 4 weeks he reached 4400 g, but had fallen to 4200 g when seen. He was the first child of healthy parents, though the father was said to have had problems with vomiting as a baby which settled without treatment. On examination he was an unhappy, wizened child. He was tachycardic at 160/min, all peripheral pulses were normal, heart sounds were thought to be normal, and there was no evidence of cardiac failure. No gut peristalsis was seen and palpation shortly after a feed did not reveal a pyloric tumour even though the child vomited. The differential diagnosis was between gastro-oesophageal reflux and pyloric stenosis. The ultrasound reported a dilated stomach with a

thickened pylorus on the left side. The liver was also on the left side with the heart on the right and a right sided descending aorta. In the light of this the abdomen was re-examined after a feed with palpation in the left hypochondrial region rather than the right. A typical pyloric mass was found. An echocardiogram was done before surgery. This showed all connections were present, in a mirror image inversion. The inferior vena cava was on the left and the aorta was on the right. Uneventful pyloromyotomy (Ramstedt's procedure) was performed two days later after correction of his biochemical status and he went home four days after that. At the first follow up three weeks after surgery, all vomiting had stopped and he had gained 740 g.

Pyloric stenosis has an incidence of 2-4/1000 live births,² though this figure rises if a parent was affected, especially for firstborn males of an affected mother, for reasons unknown. Dextrocardia with situs inversus has an incidence of 0.09/1000 live births.³ There are no previous reported cases of the occurrence of these two conditions together. It is likely that their concurrence in this boy is simply a random association and does not imply a genetic linkage. In this case the situs inversus obscured the clinical diagnosis of pyloric stenosis and ultrasound was decisive.

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- 1 Godbole P, Sprigg A, Dickson, JAS, Lin PC. Ultrasound compared with clinical examination in infantile hypertrophic pyloric stenosis. *Arch Dis Child* 1996;75:335-7.
- 2 Carter CO, Evans KA. Inheritance of congenital pyloric stenosis. *J Med Genet* 1969;6:233-9.
- 3 Freed MD. Congenital cardiac malformations. In: Taeusch HW, Ballard RA, Avery ME, eds. *Diseases of the newborn*. 6th Ed. Philadelphia: WB Saunders, 1991:591-633.

Paediatric organ donors

EDITOR,—A recent communication in the *BMJ* brought attention to the under utilisation of paediatric donors in the UK.¹ At present, a potential organ donor is referred to the UK Transplant Service, and if under 18, is offered for transplant into a paediatric recipient at those centres with paediatric programmes. In the case of paediatric kidneys, if suitable paediatric recipients are not identified, then the kidneys are offered on to adult recipients. With small donors (under 4 years), the kidneys can be transplanted into adults, with best results obtained with en bloc transplants (two kidneys, aorta, and vena cava). The UK centres have been slow to develop the en bloc transplants and so far only 10 have been performed (six at our centre).

Perhaps, in consequence, the number of paediatric donors, particularly under the age of 2, whose organs are offered are considerably fewer than are seen in the United States, where 7% of donors are less than 5 years.² This would suggest that the referral rate for paediatric donors in this country is below its full potential. As the results of transplanting organs from these small donors into adults is excellent,³ paediatricians should be encour-

aged to offer paediatric patients who are brain dead for donation. Parents often consider this as the only positive aspect of their child's death.

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- 2 United Network for Organ Sharing. Cadaveric and living donor characteristics. *UNOS Update* 1996;12:14-6.
- 3 Gruesner RWG, Maters AJ, Lloerco G, Dunn DL, Payne WD, Sutherland DFR. A comparison of single and double paediatric cadaver kidneys for transplantation. *Clin Transplant* 1989;3:209-14.

Gene polymorphisms and the use of the Bonferroni correction factor: when and when not to apply?

EDITOR,—We read with interest the paper by Rahim *et al* examining the relationship between heat shock protein (hsp) gene polymorphisms and sudden infant death syndrome (SIDS).¹ The authors described a total of 15 restriction fragment length polymorphisms (RFLP) in three hsp genes in a control population, and in 12 SIDS infants. One RFLP, a 15 kb fragment in the MspI digest of hsp 60, was found to be present in different frequencies between the control group and the small SIDS group, with a χ^2 value of 7.37, giving a p value, using one degree of freedom, of 0.00663. However, as 15 statistical comparisons have been made between the two groups, Bonferroni's correction should be applied,² raising the p value to 0.0995 (not significant). Further, to choose controls from the general population may not be appropriate, as polymorphism frequency may vary greatly between different ethnic groups. We suggest a further study investigating only the one polymorphism implicated above, in which the parental allele frequency is also ascertained. This would enable non-transmitted allele frequency to be used as an ideal ethnically matched control and statistically analysed by a family based control method.³

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- 1 Rahim RA, Boyd PA, Ainslie Patrick WJ, Burdon RH. Human heat shock gene polymorphisms and sudden infant death syndrome. *Arch Dis Child* 1996;75:451-2.
- 2 Altman DG. *Practical statistics for medical research*. London: Chapman and Hall, 1991: 211-2.
- 3 Thomson G. Mapping disease genes: the AFBAC method. *Am J Hum Genet* 1995;57: 474-86.

Correction

Hearing loss during bacterial meningitis

An error unfortunately occurred in this paper by Richardson *et al* (1997;76:134-8). The legend for table 2 should read, 'Details of children with reversible hearing loss' and not 'Details of children with severe reversible hearing loss'.

BOOK REVIEWS

Nelson. Textbook of Pediatrics. 15th Ed. Edited by Waldo E Nelson (senior editor) and Richard E Behrman, Robert M Kliegman, and Ann M Marvin (editors). (Pp 2200; £70 hardback.) W B Saunders, 1996. ISBN 0-7216-5578-5.

Hardly anyone encounters a new edition of 'Nelson' with an innocent mind: it has simply been the standard paediatric text for the English speaking world for too long. True, 'Forfar and Arneil' is a UK production with many virtues, but it hasn't been around for so long, it costs more—even in Britain—and it isn't updated quite so frequently. In any case, as anyone who has spent much time in the witness box of an English court knows, it is Nelson that our own lawyers consider to be the 'Bible' on paediatric matters.

To have reached a 15th edition is an achievement in itself, having taken 63 years in the process. As this writer knows too well, the passage of the years tends to bring obesity, and textbooks, too, tend to get fatter and heavier. While this edition contains 12% more pages than the previous one, it weighs 3% less, their thickness is within a millimetre of each other. The structure is much the same as previous editions, although there has been a very thorough revision of the contents. It is strikingly up-to-date: the editors have achieved marvels in gathering their material from contributors who know how to keep to a deadline.

When I spent a summer as an extern at an American hospital 30 years ago, I was struck by the fact that American students used larger textbooks than most of my Edinburgh classmates, indeed there seemed to be very few short American texts on anything medical. The text they used for paediatrics was Nelson, and this new edition still has a section introducing the newcomer to the special problems of child health and development. There is a short chapter on the evaluation of medical literature, which, I suspect is too elementary for those who need to critically assess data, and incomprehensible to those who know little of statistical theory. There is also a chapter on medical ethics.

I cannot help feeling that Nelson is far too big to be a student text, other than for reference: there is simply too much information to give perspective to a student. What Nelson does best is to give, in a single (just) manageable volume, an overview of the state of the art of paediatrics for the practising paediatrician, and that it does supremely well.

Its contributors are almost all from North America with just single 'strays' from France

and Israel, but its all-American provenance does not, as far as I can judge, limit its usefulness to the paediatrician in the UK: I have kept close to this volume over the last seven months, consulting it over almost every difficult case, and reading closely through several sections, and day by day, I have become ever more impressed by its authority and practical value. No individual can be qualified to judge all the sections of such a large book, but when I read those chapters on conditions with which I have more than a nodding acquaintance, I found its combination of accuracy and conciseness striking. Furthermore each part of the book is prefaced by an elegant overview of the topic: these will be missed if the book is used purely for reference. It would be inconceivable that such an enormous text would be entirely free of inconsistencies, but I did not find any major ones, while endomysial antibodies are emphasised as valuable in the diagnosis of gluten enteropathy, they are not mentioned in the section on screening for malabsorption. A reader in the UK may be surprised that gabapentin is mentioned in the treatment of epilepsy, but lamotrigine or vigabatrin are not. I was disappointed that there was no mention of streptococcal proctitis, a cause of much misery in young children.

The excellent chapter on respiratory diseases is marred by poor quality of reproduction of x rays: on page 1202 there is an x ray picture purporting to show the 'Steeple' sign: it defeated my attempts to decipher it, but I suspect that making such pictures clearer would have required thicker, heavier paper, and pushed up the book's price considerably.

For years we British have sneered at the turgid prose of some American and European texts, yet I defy anyone to find a better written textbook of paediatrics in English than this new edition of Nelson. That it costs only £70 is wonderful, and in this secular age when daily Bible reading is no longer universally de rigueur, a paediatrician of any age or seniority could do worse than opening this book at a new part each day and reading it for five minutes: Nelson continues to deserve the title of Bible of Paediatrics. Congratulations to all concerned in its production.

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Paediatric Gastrointestinal Disease. Pathology, Diagnosis, Management. Vols 1 and 2. 2nd Ed. Edited by W Allan Walker, Peter R Durie, J Richard Hamilton, John A Walker-Smith, and John B Watkins. (Pp 1856; £245 hardback.) Mosby, 1996. ISBN 0-8151-9082-4.

'Paediatric Gastroenterology—A Formidable Past, a Challenging Future' the first chapter of this multiple, and international, author textbook highlights the recent impressive advances in our understanding of gastrointestinal diseases in children. The second edition could not have come at a better time, with many countries now recognising 'certification' in this rapidly developing subspecialty. The two volumes are divided into six sections: I. Approach to child and family; II. Normal development and function; III. Cardinal manifestations: pathophysiology; IV. Clinical manifestations and management; V. Diagnosis of gastrointestinal disease in children; and VI. Principles of therapy.

In attempting to make the most of the new while retaining the best of the old, the first edition (published 1991) has been extensively

reviewed. While highlighting important technological advances the editors have ensured that the lessons of the past have not been forgotten. The unique qualities of children and the essential perspective of the patient and family are emphasised. The section on normal development has been expanded. Over half of the book concentrates on clinical manifestations and management; this immensely practical section has been extensively revised to reflect current practice. New chapters such as gene therapy and AIDS enteropathy have been added while chapters on Reye's syndrome and home total parenteral nutrition have been omitted. The section on diagnosis has been extensively updated and includes endoscopy, liver and intestinal biopsy, pH and motility studies, pancreatic and gastric function tests, breath analysis, and a very comprehensive but practical account of imaging techniques. Great attention has also been given to the section on treatment with particular emphasis on nutrition and new developments in drug treatment. All chapters are written by experts in their fields, styles inevitably differ but all are refreshingly up to date. Although this edition is 330 pages longer than the first, individual chapters are concise and eminently readable. Only seven of the 141 chapters are longer than 30 pages.

This is not a book to just sit on a shelf in the library gathering dust. I have found it to be of immense value in the day to day practice of paediatric gastroenterology. Having carried it home to read each evening for the last four weeks the main problem identified is the weight; perhaps the solution is to keep a second copy at home! The editors have succeeded in providing a comprehensive and authoritative approach to the subject. It is rapidly becoming acknowledged as the standard reference source and the only question is how I ever managed without it? I thoroughly recommend this book to all paediatric gastroenterologists and trainees in the subject. It will also be an invaluable reference source to other paediatricians, paediatric surgeons, nurses, dietitians, pharmacists, and biochemists.

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Atlas of Pediatric Oncology. Edited by D Sinniah and G J D'Angio. (Pp 246; £110 hardback.) Edward Arnold, 1996. ISBN 0-340-53592-X.

Atlases are now frequently published and can cover every conceivable subject. Originally referring to the gigantic figure of Atlas carrying the terrestrial globe they began to include maps of vegetation, climate, the heavens, and eventually matters unconnected with geography. The atlas has become very successful as a means of organising and exhibiting information mainly because of the advances in graphics and photography but there is also another element. Just as we have become familiar with the better known 'sound bite' the atlas gives us a similar type of 'visual bite' offering concise segments of knowledge.

The *Atlas of Pediatric Oncology* has the remarkable effect of giving the feeling, no doubt an illusion, that one knows all about the subject after spending a few minutes looking at the page. It is in fact only the companion volume to *Practical Paediatric Oncology* which has already been published. Although it must have its place together with

everything else, both written and clinical in the continuing education of the specialist, it is particularly welcome to those who work with children without being responsible for the ultimate care of those with malignant disease.

Epistaxis for instance, common in children, is dealt with by general practitioners, paediatricians, and otolaryngologists. Occasionally one of these children will have leukaemia and it is essential to have an up-to-date idea not only of the clinical manifestations but of the cytogenetics, the modern treatment and prognosis.

Genetics now permeates every disease and the manner in which findings are recorded, for instance regarding translocations such as (9;22) (q34;q11), are very difficult to absorb. It is a comfort in this book to see the karyotype clearly set out with the abnormality indicated.

The association between a textual description of the disease, charts and photographs of those signs which lend themselves best to illustration is greatly enhanced by examples of microscopy. Histopathological descriptions are obviously essential as the diagnosis of these diseases depends on that and yet they are not of much value unless pictured. The atlas manages to integrate these aspects in its description of all the tumours as well as give concise summaries of the treatments offered.

Imaging techniques have developed a good deal and somehow still do not lend themselves too well to illustration. They are in fact transparencies and the black and white print can never reproduce the nuances absolutely. One problem with all illustrations in socially more advanced countries is that the patients hardly ever present with tumours as gross and as advanced as those in the photographs so that they give a sense of unreality. A photograph of a child's eye in a case of Horner's syndrome or of heterochromia in neuroblastoma turns out more subtly evocative than an exuberant tumour reminiscent of older textbooks.

With every condition there is an epidemiological paragraph, short but tantalising, that raises such questions as to why black American girls have a rate of acute lymphoblastic leukaemia so much lower than white males? Or what aetiological factors join the ubiquitous Epstein-Barr virus in making nasopharyngeal carcinoma more prevalent in places as distant as the Far East and Costa Rica.

The subject matter of this book lends itself well to illustration and it has been made admirably useful.

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Neoplastic Diseases of Childhood. Vols 1 and 2. Edited by Carl Pocheldy. (Pp 1603; £280 hardback.) Harwood Academic Publishers, 1995. ISBN 3-7186-5340-0.

Two volumes, 1600 pages (more pages than newly diagnosed children with cancer each year in the UK!) 83 chapters, and 114 contributing authors. This represents a substantial project with a wide ranging intention: 'a useful reference for the clinician and the clinical investigator as well as medical students, residents and fellows'. In his introduction, the editor states his intention to make the text 'truly international' although fewer than 25% of the authors actually come from outside North America. There are some big names but not all necessarily writing on the subjects one might expect. Most of the chap-

ter headings are logical and worthwhile, with some exceptions—a whole chapter on the 'techniques of bone marrow biopsy' seemed a bit over the top.

How *does* one review a 1600 page book in any kind of meaningful way. I am afraid I confess that I did not read every page! I thought I should start by reviewing the bits I thought I knew and then go on to look at the bits I really ought to know more about, before testing the text by looking up some real minutiae.

I looked first at the chapter on rhabdomyosarcoma and, for a soft tissue sarcoma 'afficionado', a worthwhile debate on the diagnostic features (and prognostic value) of alveolar rhabdomyosarcoma would make useful reading. In fact this is covered well and the more recent references would not have been available when this book was published in 1994 (and two years can be a long time in molecular pathology). My suspicions that the data about treatment strategies would focus on North America were confirmed and I was disappointed that important philosophical differences in approach were not mentioned. Part of the editor's responsibility is to ensure that such balance is present and the North American bias was apparent in other areas as well. The accompanying chapter on 'Other soft tissue sarcoma' was disappointing. It was more a catalogue of typical information than an opportunity to explore new approaches to treatment or any attempt to reclassify these difficult tumours by response to chemotherapy. There was almost nothing said about fibromatosis, and desmoid tumour did not even get as far as the index. Disappointing, yes, but was I being unfair? Probably, because there is much useful information about all major tumour types in this book but the text frequently presents details of clinical trial outcomes without adequate explanation or interpretation. Biology and pathology are generally well represented. Brain tumours were particularly comprehensively described but again some areas had just not kept up with the pace of clinical practice. This almost certainly reflects the time required to prepare a text of this length rather than poor authorship.

In looking at areas I thought I ought to know more about, I was interested to read the chapter on retinoblastoma. I was disappointed. The discussion on the molecular genetics was surprisingly brief and none of the references quoted was dated later than 1987. Cancer biology is a fast moving field but the authors could have made more effort here. The use of chemotherapy in management was similarly out dated with references quoted only from the early 1980s. This was really not good enough. Again, perhaps the firmness of an editorial hand was the missing factor.

As far as 'hens teeth' go, this text was as good as many. Much depends on the structure of the index in searching for the bizarre. In this case the index was well constructed and designed to be easy on the eye. In fact it was sometimes over detailed (20 subheadings for enteral nutrition seemed a bit excessive!). The balance of content was satisfactorily distributed between the general and the specific. It was good to see chapters on pain control, ethical issues, and self help groups. Nutrition was given some prominence, rightly in my view, although I did not agree with its approach or many of its recommendations. Home total parenteral nutrition is almost unheard of in paediatric oncology in

the UK but seems to be big business in the United States—is this really justified? Late effects issues are spread out in the text and can be found in individual tumour sections as well as some specific chapters but this can make it hard to get an overview. Late effects are, after all, treatment rather than disease related and this approach also leads to some duplications.

There have been at least two other major texts in paediatric oncology published in the last five or six years so how does this book compare? By reviewing a book published in 1994 and probably written two years earlier, it cannot possibly appear 'state of the art' but its basic content is reliable if not truly as international as was intended. There are however plenty of good illustrations, the overall presentation is attractive and the index is useful. Personally I am not sure that this is the best of the major texts available but it is a worthy contributor to the field. At £280 it is scarcely going to be in any resident or fellow's personal book collection, (unless, of course, they have a very generous boss!).

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Skin Disease in Childhood and Adolescence. By Elisabeth Higgins and Anthony du Vivier. (Pp 277; £39.50.) Blackwell Science, 1996. ISBN 0-86542-835-2.

The authors of this book are to be congratulated for having produced, overall, a clear, user friendly introduction to the subject of paediatric dermatology. If what follows seems to be critical, then I hope it will be seen in this context.

No prior knowledge of dermatology or paediatrics is assumed, and the reader is carefully taken through what the authors somewhat paradoxically call 'physiological disorders' such as erythema toxicum, although the major part of the book is concerned with pathological conditions. The ratio of pictures to text is about 1:1; the quality of the photographs is excellent, and the information is set out clearly and readably. The authors have decided to sacrifice detail for brevity and clarity.

The subject matter is grouped sensibly; it took me no more than a few seconds to find whatever I was looking for.

References are not included. This created problems whenever I came up against a statement with which I disagreed. Were they wrong, or was I out of date? For example, should children with chickenpox be off school for a week after the rash appears (p 88)? Not according to a straw poll of health visitors, practice nurses, and general practitioners who all felt that no more new spots was the correct advice.

Similarly, I don't know if plantar warts are spread in swimming pool changing rooms, as they assert, but if so, I'd like the chance to see the evidence. If there isn't any then I'd hate to think of a new generation of health professionals acquiescing to swimming pools' demands to distribute ghastly verruca socks, or, worse still, withdraw children from swimming lessons. I am also concerned to note that the maxim of active genital herpes = caesarian (sic) section, is still being promoted (p 99); they are not alone however—in fact our local genitourinary physician maintains that the single most important thing to do if you have

herpes and are pregnant is not to tell the obstetrician.

There is an underlying issue here—if statements are made *ex cathedra* then a student may be more inclined to accept dogmatic statements at face value in the future, rather than develop an inquiring, questioning response.

Emphasis is rightly given to common disorders such as eczema. I was delighted to see that the amount of attention given to head lice and scabies mirrors their incidence in the community. A few rarities are included but there seems to be no obvious criterion for inclusion; in addition, incidences are not always quoted so that the uninformed reader may well infer that Netherton's syndrome (of which I had never heard) is as common as chickenpox.

There are one or two other minor issues—when discussing the differential diagnosis of erythema toxicum it is suggested that electron microscopy of the contents of a vesicle will exclude viral infection. I'm sure it would, but in practice I find it neither a helpful nor a practical suggestion.

Non-accidental injury is relegated to a small section at the back; although there are competing claims for space in a book of this size, I feel that the importance of considering it and of knowing how to act upon the suspicion should be stressed.

More than most specialties, dermatology evolved as a descriptive specialty ('wallpaperology' as my first consultant put it), and several terms mean nothing to a non-classicist. Perhaps a short addition of Greek and Latin terms to the glossary in this book might help students to make more sense of the terminology. 'Pityriasis rubra pilaris' doesn't mean as much to the average student as 'red scaly eruptions around hair shafts'.

I think many groups of health workers will find this book useful and informative; not just undergraduates and general practitioners, but midwives, health visitors, and practice nurses.

Having whetted the reader's appetite for more, it may be worth considering a section on 'further reading' in future editions.

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Gene Therapy. A Primer for Physicians. 2nd Ed. By Kenneth W Culver. (Pp 198; hardback.) Mary Ann Liebert, 1996. ISBN 0-913113-25-5.

By 1995, over 1000 individuals had received experimental gene therapy treatment. The principles are clear—the gene of interest has to be identified, a delivery system developed, and the regulation of the expression of the gene has to be understood—for example our understanding of the control of the insulin and β -globin genes is incomplete and so gene therapy for diabetes and haemoglobinopathies is distant. The best candidates are disorders involving 'housekeeping' genes that do not require tight regulation of gene expression to match their function.

Gene transfer can be performed *in vitro* whereby tissue of interest is removed from the body, altered genetically, and then returned to the patient. *In vivo* techniques involve direct gene transfer into the patient either as 'naked DNA' or in liposomes, viral vectors, or conjugated to a targeting structure such as an antibody to a specific cell surface moiety (receptor mediated gene transfer). This latter

method holds considerable promise though no clinical trials have yet been performed.

The ideal viral vector would allow efficient transfer of the gene into specific cells and then integrate the gene into the host cell's genome so that it can be replicated—provided that the gene can be inserted at a specific site where there is no risk of mutagenesis. The virus should not induce an immune response, have no risk of becoming infectious, and be big enough to contain large human genes. Culver discusses the advantages and disadvantages of each of the current vectors.

The above systems deal with inserting normal genes into cells but there are alternative strategies, for example repairing or blocking the function of a mutant gene. Repairing genes by homologous recombination has proved inefficient but a novel method is suggested whereby a disease causing point mutation is identified and an oligonucleotide synthesised that will bind adjacent to the mutation. A DNA damaging agent is added to the end of the oligonucleotide so that it is positioned next to the mutation. The mutated nucleotide is then damaged, activating normal DNA repair processes.

Blocking the products of abnormal genes is an attractive proposition for dealing with 'gain of function' mutations. Oligonucleotides can be synthesised to bind to DNA or RNA sequences and prevent translation but so far the clinical application of this 'anti-sense' technology has been limited by inability to produce molecules with sufficient survival and duration of inhibitory effect.

There are numerous possible applications of gene therapy in non-neoplastic disease. Expected advances may be most rapid in areas other than genetic disease—Culver predicts that the use of recombinant vaccines will be the most prevalent application of gene therapy over the next decade. Some ideas are futuristic, for example Culver considers the potential use of gene therapy in pain relief by transfer of 'analgesic genes', for example β -endorphin into sensory neurons in a neurotropic vector such as herpes simplex virus.

The majority of gene therapy trials involve cancer treatment. Culver lists 15 strategies that are being considered and then illustrates them from current research.

This is a readable and stimulating book which is geared to an American audience, listing all the current gene therapy trials in the USA and the biotechnology companies engaged in such research. It nevertheless provides a clear overview of the subject.

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Consultant clinical geneticist

Wilson's Disease. Major Problems in Neurology. By Tjaard Hoogenraad. (Pp 210; £45 hardback.) W B Saunders, 1996. ISBN 0-7020-1842-2.

Wilson's disease, although known to every undergraduate, is rarely seen in clinical practice. The modes of clinical presentation are varied, and initial manifestations may be subtle. Highly effective medical treatment is available, which must start early in the course of the disease to prevent irreversible pathological changes, and delayed diagnosis may be disastrous. Patients with unrecognised Wilson's disease are therefore in great peril. For those willing to commit a few hours to

learning more about this fascinating condition, this is the book to read.

In approximately 200 pages every facet of the disease is covered, from the history of its early recognition, to the cloning of the gene in 1993. Shortly before this discovery, the gene for Menkes' disease had been cloned, and proved to encode a copper transporting ATPase. In Menkes' disease, copper export from cells is defective in many tissues, including enterocytes, so copper absorption is impaired. In Wilson's disease copper absorption is normal, but patients fail to excrete copper in the bile. It therefore seemed reasonable to suspect that the defective gene in Wilson's disease might also encode a copper transporting protein, and this indeed proved to be the case. The Wilson's gene was cloned by using a probe from the copper binding region of the Menkes' disease gene. As is so often the case, identification of the gene and its product leaves many questions unanswered regarding the pathophysiology of the disorder. A number of mutations have been identified, and the relationship between phenotype and mutation is now being explored. One common mutation, for example, is associated with a relatively late disease onset.

There is an excellent balance between the discussion of fundamental biological issues and clinical aspects. The author expresses a preference for the use of zinc sulphate in treatment, but the alternative approaches to treatment are also discussed. Although this volume is from the *Major Problems in Neurology* series, the non-neurological aspects of the disorder are well covered. The writing is lucid, and the photographic illustrations are strikingly clear. If you have ever wondered what a Kayser-Fleischer ring looks like, consult this excellent monograph.

M STEPHEN MURPHY
Consultant paediatric gastroenterologist and
senior lecturer in paediatrics and child health

Parental Psychiatric Disorder. Distressed Parents and their Families. Edited by M Gopfert, J Webster, and M Seeman. (Pp 358; £23.95 paperback.) Cambridge University Press, 1996. ISBN 0-521-45892-7.

One of the most important things about this book is its existence. For over 30 years there has been systematic evidence about the links between mental health in parents and children and yet this is still inadequately reflected in service structure or function. Here there is a genuine attempt to draw all the different threads together in a constructive fashion. There is an inevitable tension between endeavours to meet the needs of mentally ill parents and those of other family members, most particularly children. The editors have brought together a distinguished group of authors with either clinical or research expertise from several countries. Despite expectation that they would all be sympathetic to the dilemmas and suffering facing children living with a mentally ill parent, the difference in perspective between those working in 'adult' as opposed to 'child' settings is at times very apparent.

Although most relevant areas of knowledge and practice are touched on, this is not a textbook nor a fully comprehensive academic account of this field. The manner in which topics are dealt with varies considerably, but the overall orientation is predominantly clinical

and this is reflected in the large number of case vignettes that occur throughout. There is a variable but considerable reference to research literature in a fashion that is not usually critical and this is perhaps reasonable given the book's overall orientation. However there are times when particular writers appear to be following their own hobby horses in a somewhat selective fashion. There can be benefits in giving authors freedom but there can be disadvantages. For example the information about parenting and specific psychiatric disorders is given very differently in different chapters in that section of the book. It is disappointing that the section on 'Service Issues' does not more explicitly grasp the nettle of how adult and child mental health services might change their structure and function, but a particularly welcome feature are the personal accounts by 'lay' people about a childhood living with a mentally ill parent or their experience of services' response to a family with a mentally ill parent. The final chapter on 'Health Care Policy' comments that 'In the case of mental illness in the family, where many of the effects of both illness and care are reflexive, tertiary intervention for a mentally ill parent may also be primary intervention for other family members. This emphasises the desirability of other features of the resource environment...'. Let us hope that this book helps to bring about the realisation of those features.

ANTONY COX
Professor of child and adolescent psychiatry

Alcohol and the Young. Report of a Joint Working Party of the Royal College of Physicians and the British Paediatric Association. (Pp 103; £7.50 (£11.00 overseas) paperback.) Royal College of Physicians/British Paediatric Association (now Royal College of Paediatrics and Child Health), 1995. ISBN 1-86016-024-7.

The abuse of alcohol by young people is an area of social behaviour that exemplifies the giving of mixed and confusing messages to young people by familial adults, professionals, policy makers, and the media. This short and well constructed report carefully details the many and significant adverse effects of inappropriate use of alcohol by young people and adults. It also graphically illustrates the lack of effective political will or professional drive to address its serious consequences. The report starts with a review of the adverse biological and sociological effects of parental alcohol abuse. This emphasises the importance of prevention of development of unhealthy life styles during adolescence that persist into adulthood.

The report details significant and robust data about the effects of fiscal, legal, and public policy in relation to alcohol use and abuse. In the light of this evidence it is clear that much could be achieved by changes in policy but governments have not applied this knowledge. A striking feature of the review, referred to in the final chapter, is the extraordinary lack of evaluated interventions of programmes of prevention or treatment. I am particularly disappointed that the authors feel justified in making the statement: 'Educational approaches should, therefore, not form a lead approach on their own in combating alcohol misuse among young people. There is insufficient evidence to support it...'. While this is currently true there is some evidence that appropriate, though expensive,

interventions which are based on social learning theory may influence teenage behaviour when delivered in an educational environment. It is primarily a lack of evaluated applications of interventions, particularly in the UK, that precludes their recommendation.

Reading this volume I can only conclude that lack of investment in evaluated programmes, together with unwillingness to enforce the law or to apply fiscal measures which would limit alcohol consumption indicate that there is not the political will to address this important health problem. The book will be useful, not only as a resource for interested professionals, but also for groups advocating direction of resources towards influencing teenage behaviour with potential for significant social and health benefit.

If *Alcohol and the Young* is successful in raising public, professional, and political awareness of the problems that alcohol presents to young people and the very limited responses that have been made it will have served society well.

JOHN TRIPP
Senior lecturer in child health

Unwillingly to School. 4th Ed. Edited by Ian Berg and Jean Nursten. (Pp 312; £20 paperback.) Gaskell/Royal College of Psychiatrists, 1996. ISBN 0-902241-89-3.

Jack Kahn was one of the most loved and respected child psychiatrists of recent years. The third edition of *Unwillingly to School*, which he edited with Jean Nursten, was published in 1981. Like its predecessors it focused predominantly on the pattern of school non-attendance associated with anxiety that is usually called school refusal. The vast majority of school non-attendance is ostensibly because of physical illness and short lived. Of the more persistent patterns and those for which social or psychopathology has been more clearly demonstrated school refusal is the least common, truancy being much more frequent in community surveys.

Ian Berg has joined Jean Nursten to edit the 4th edition of *Unwillingly to School*. It commemorates and is a tribute to Jack Kahn, and although it appropriately includes four chapters from the previous edition on which he was the only or lead author, the scope has been broadened to include aspects of the whole range of school non-attendance. For example, adult sequelae of truancy are reported from the National Child Development Study, the Cambridge Study in Delinquent Development, and the American Epidemiologic Catchment Area Study. Chronic disease and school non-attendance is also addressed with new contributions from child psychiatric and educational psychology perspectives; however, most of the treatment described appears focused on school refusal.

There is a most striking contrast between the depressing and indeed appalling longer term sequelae of those who have truanted and the relatively benign outcome of a 20-30 year follow up study of Swedish urban children with school refusal. This contrast is matched by sensitive and perceptive descriptions of the treatment of school refusal and the depressing situation with regard to truancy and withdrawal. Incidentally, withdrawal—school non-attendance with which parents collude—receives relatively little attention. With regard to truancy it is con-

sidered that the Children Act 1989 has largely drawn the teeth of the courts and research into schools has been much better at describing differences between them in their effectiveness than in bringing about school improvement. It is notable that the most psychosocially disabled group in Farrington's report of later life outcomes of truants in the Cambridge Study are the delinquent truants who in their school years were particularly notable for lack of concentration and impulsivity. Although the odds ratios were particularly high for this group on these two factors, they commonly had higher odds ratios on almost all the factors that distinguished both non-delinquent truants and delinquent non-truants.

For all forms of school non-attendance there is a challenge. Jack Kahn himself recognised that most problems in this area cannot be addressed by specialist child and adolescent mental health services. Indeed a significant proportion of truants are not thought to have any psychological and psychiatric disorders.

Secondly the importance of early prevention, particularly in truancy, is highlighted. One particular gap should be mentioned, namely the lack of contribution from a clinical psychologist and this is reflected in less detailed or broad ranging accounts of cognitive and behavioural approaches and a failure to emphasise sufficiently the importance of educational cognitive assessment.

ANTONY COX
Professor of child and adolescent psychiatry

The Child and Adolescent Athlete. Edited by Oded Bar-Or. (Pp 691; £62.50 hardback.) Blackwell Science, 1995. ISBN 0-86542-904-9.

With increasing emphasis placed upon excellence in sport, there is now a widely held belief that to achieve success, particularly at national or international level, training and competition should begin at an early age, well before the onset of puberty. Some are concerned about the possible negative effects of intensive training at such a young age. Much anecdotal evidence suggests cases of over training and competitive pressure leading to young athletes' premature retirement from sport, although little scientific evidence has validated these impressions. In general, knowledge regarding physiological, psychological, and medical aspects of paediatric exercise has lagged behind that generated for adults. The editor of this encyclopaedia has gathered 46 experts from the world of paediatric exercise science, and produced a book that reviews much of this important area.

This is the VIth volume of the *Encyclopaedia of Sports Medicine* (an International Olympic Commission publication) and the first to focus on a demographic portion of the population. Each chapter reviews the current literature (references in some cases up to 1994) and discusses its themes, relating effects observed in young athletes to those observed in normal healthy children. At the end of each chapter the authors set out challenges for future research.

The first six chapters form part 1 and outline the inter-relationships between a child's growth and development, and aspects of physical performance, with the concluding chapter discussing such inter-relationships with reference to the search for talent in the young. Part 2 deliberates the trainability of

children and adolescents. It discusses the effectiveness of training during preadolescence, emphasising the importance of lack of exercise on the growing child's musculoskeletal system. This leads into the next section which discusses injury from overloading the musculoskeletal system. The importance of distinguishing between chronological and biological age is discussed, a recurrent theme throughout the book, in this case its relationship to matching opponents. Part 4 outlines other health concerns: nutritional, hormonal, congenital, and psychological. Issues such as socialisation through sport, self esteem, emotional stress and anxiety, and intelligence are outlined in part 5. Part 6 concentrates on the area of disease and exercise, focusing on asthma, diabetes, hypertension, and motor disability. The final part of the encyclopaedia comprises recommendations on assessing and interpreting the morphological and physiological characteristics of the young athlete.

As stated by Professor Bar-Or in his preface, this book provides valuable reference material for professionals who are interested in the effects of exercise and sports on children and adolescents. Although directed to a broad audience, the book is most suitable for physical educators, coaches, and researchers in this field. The sports physician, general practitioner, or paediatrician may wish for more complete pathophysiology in certain sections. Notwithstanding this shortcoming, I recommend the book, as it offers a good overview of the subject, providing an excellent review of our current understanding. It is an excellent starting place for researchers looking for background and ideas for what needs to be done next in this important field of research.

ADAM BAXTER-JONES
Research fellow

Winning the Publications Game: how to get published without neglecting your patients. By Tim Albert. (Pp 89; £15 paperback.) Radcliffe Medical Press, 1997. ISBN 1-85775-183-3.

For the novice writing a paper is a daunting task. In the future, changes in training of junior doctors will lead to many taking up research at an earlier stage of their career but unfortunately there are few practical books and guidelines to help. For the individual who has already published many papers there may be considerable scope for improvement in quality and as Tim Albert points out in his book, it is not just a question of having an article published but it matters which journal accepts it for publication. For example, it may be relatively easy to have a paper accepted for the *Journal of Paediatric Gerontology* but it is a certainty that a much more polished article will be required for the *BMJ*, *New England Journal of Medicine*, or the *Archives*. This is not necessarily to do with the scientific content of the research, which may be excellent—clearly there is quite an art in getting the scientific message across to the audience.

For the beginner one of the difficulties is the time consuming nature of the initial drafting process. After 10 hours of scribbles and attempted starts there may be little tangible progress. However, the book gives practical suggestions about dealing with these problems and goes through the various stages of the process to do this in a time efficient

manner. What does the editor of a journal want? Looking at the publications game from his point of view is a useful exercise because the way in which the paper is constructed and how the message is given is crucial to the chances of acceptance. It was reassuring to know that even in this day and age there are alternatives to using a word processor for the first draft, which can restrict the flow of ideas. Furthermore, the need for some people to go back endlessly and adjust words and phrases is discussed.

The author of this book, who lectures on writing techniques, has considerable experience of teaching doctors how to publish. It is an authoritative and useful document written in a clear style which is easy to read; this task can be completed in 2–3 hours. I feel the potential author will be wiser and produce a better paper in a shorter time after reading this book. Why not relax and enjoy the task in the bath?

NICHOLAS MANN
Consultant paediatrician

Developmental Neuropsychiatry. Vols 1 and 2. By James C Harris. (Pp 272; £99 hardback; vol 1 £38.95/vol 2 £60.) Oxford University Press, 1996. ISBN 0-1926-2764-3 (vol 1, 0-1950-6824-6/vol 2, 0-1950-9849-8).

Since 1984, when *Developmental Neuropsychiatry* edited by Michael Rutter was published, there has been a burgeoning of interest in this field both in the UK and the United States. The roots of child psychiatry in the United States concentrated on the child guidance movement and has focused more particularly on the psychosocial aspects of child development. This goes some way to explain the relatively late understanding that a neuroscientific perspective can give to developmental psychiatry. These two volumes from James C Harris are a welcome initiative into furthering our understanding of developmental disorders. Volume 1 provides a useful introductory framework to neural sciences, and how aspects of cognitive neuroscience inform our thinking on concepts such as emotion and attention for example. Throughout both volumes there is an emphasis on the developmental perspective, which is so important to our understanding of the emergence and continuities of such disorders.

In volume 2 there is a more formally structured review of neuropsychiatric disorders, prefaced by a section on current diagnostic tools available in all disciplines. Each topic is well presented and written, although one may quibble regarding the relative weight given to particular aspects. For example, the chapter on traumatic brain injury seemed remarkably brief in comparison with the evaluation of behavioural phenotypes. Certain parts of the texts reflect a particularly American perspective; in some of the chapters, particularly those on cerebral palsy and attentional problems, important research contributions from other parts of the world are surprisingly omitted. Nevertheless this is an important, very well presented, and highly readable work comprehensively covering the fascinating area of developmental neuropsychiatry.

MARIAN PERKINS
Consultant child and adolescent neuropsychiatrist

Behavioural Phenotypes. Edited by Gregory O'Brien and William Yule. (Pp 21; £65 hardback.) MacKeith Press, 1995. ISBN 1-898-68306-09.

The term 'behavioural phenotype' was introduced by Professor William Nyhan in his presidential address to the Society for Paediatric Research in 1972 with a vivid description of the self mutilation that characterises the condition to which his name is attached—the Lesch-Nyhan syndrome. The observation that individuals with the same genetic disorders behave in similar ways is not new and descriptions of behaviours were included in the early descriptions of his eponymous patients by Down. The study of behavioural phenotypes and their clinical relevance diagnostically and therapeutically is receiving increasing attention. This is the first textbook designed specifically to address this topic.

The opening chapter provides an excellent introduction to the concept of behavioural phenotype and its place in genetics and developmental medicine. The interface between behavioural phenotype, psychiatric disorder, and phenotype is discussed and the complex aetiology of these phenomena explored. This work draws from a broad scientific field and subsequent chapters summarise advances in human genetics, pathways from genotype to phenotype, and lessons from fragile X syndrome. There are two chapters concentrating on methodological issues and measurement of behaviour. These provide an extremely helpful overview to this complex area for those considering research.

A major part of the book is devoted to a review of the psychological and behavioural phenotypes that are associated with a number of genetically determined disorders. The genetic underpinnings, physical features, and natural history of the more than 30 syndromes are reviewed followed by descriptions of the cognitive profiles, learning difficulties, and behavioural characteristics that are associated with each. Research in this area is in its infancy and in many cases descriptions are anecdotal. It is difficult to provide up to date information in this rapidly advancing field.

In summary, this first book specifically devoted to behavioural phenotypes summarises the work of the Society for the Study of Behavioural Phenotypes over the last few years. I feel it will be of value to professionals from both mental health and paediatric backgrounds who are working in the field of learning disability. This is a developing and controversial area and I hope this book will promote the concept of behavioural phenotypes to a wide audience.

ALISON WOOD

Consultant in child and adolescent psychiatry

Hyperactivity Disorders of Childhood. Edited by Seija Sandberg. (Pp 517; £65 hardback.) Cambridge University Press, 1996. ISBN 0-521-43250-2.

Hyperactivity Disorders of Childhood is the second topic considered in this new series of monographs in child and adolescent psychiatry. The aim of the series is to provide comprehensive coverage of particular topics, while aspects which have received less attention in the recent past are more thoroughly examined. A historical perspective is given as growth of interest and research evidence in the field of child and adolescent psychiatry

may otherwise obscure the contribution made by previous generations. I have some sympathy with this view of hyperactivity, having been reminded of the early description of Still in 1902, and how little it has changed.

The most illuminating chapters cover developmental considerations, sex differences, and cross cultural aspects. Olson's chapter on the developmental perspective considers how early caregiver-infant attachment may affect self regulation, a factor that may be important in the syndrome. Research into early temperamental factors and developmental course of hyperactivity are discussed in great detail. These discussions highlight possible multiple pathways in the aetiology of hyperactivity and how they may affect outcome. The chapter by Heptinstall and Taylor on the significance of sex differences raises interesting issues. They discuss diagnostic considerations and the possible impact of referral bias affecting observed differences in prevalence between boys and girls. The chapter on cross cultural aspects by Luk is particularly fascinating. Issues relating to cross cultural comparisons of diagnostic groups, the influence upon the concept of pervasiveness, and presentation of the symptoms is not only of academic interest but important clinically.

The topic is well covered but as in many multi-author works, there are some irritating repetitions. It is most useful in offering unusual slants on hyperactivity.

MARIAN PERKINS

Consultant child and adolescent neuropsychiatrist

Hong Kong Reflections. Health, Illness and Disability in Hong Kong Children. By David P Davies. (Pp 210; HK\$250 paperback.) The Chinese University Press, 1995. ISBN 962-201-660-X.

Professor Davies was appointed to the Foundation Chair of Paediatrics at the Chinese University of Hong Kong between 1981–9. Not only was he involved in setting up the Department of Paediatrics in the newly founded medical school, his research and astute clinical observations during this period undoubtedly marked an important milestone in the development of paediatric services in Hong Kong. This book is largely a comparison of disease patterns, clinical practices, customs, lifestyles, and social attitudes between the Chinese in Hong Kong and white people in the West.

The book is divided into three main sections, and each chapter is based on articles published locally. The first section relates mainly to his clinical research interests in childhood growth and nutrition, contrasting the differences and similarities between Chinese children and their white counterparts. The second section focuses on his interests in paediatric medical education, where he discusses the current paediatric curriculum at the Chinese University of Hong Kong, the way medical students should be taught, and the future format of assessment and examination. The last section describes his clinical observations and impressions on the variations of paediatric diseases in Hong Kong and Britain.

This book is of particular interest to me as a Hong Kong born Chinese neonatologist who was trained in Britain, and worked there for almost 20 years before returning in 1993 because of my father's illness. After my return, I have been intrigued by marked, and

at times unexpected, differences in neonatal disease patterns. Professor Davies' book provides much insight into this aspect. His observation that Hong Kong's extremely low sudden infant death rate might be related to certain cultural and social factors, has undoubtedly been an important catalyst in identifying the crucial link of sleep position in this condition. None the less, a number of his comments are derived from his personal experience and anecdotal observations, and it is clear that these issues will require further research and critical appraisal. During the past decade, globalisation has resulted in significant movement of people from one region to another, and many young Chinese families have emigrated to Europe, Australia, and North America. There is, thus, an increasing need for clinicians in Western countries to be aware of the 'Chinese disease pattern'.

The book is very easy to read. I would warmly recommend it to all paediatric and child health professionals who have an interest in cross cultural disease patterns and medical education. Trainee paediatricians contemplating a sabbatical experience in the Far East would also find the book to be of value.

P C NG

Associate professor in paediatrics and honorary consultant neonatologist

Handbook of Prenatal Diagnosis. Edited by Ronald J Trent. (Pp 288; £29.95 paperback.) Cambridge University Press, 1995. ISBN 0-521-46613-X.

Prenatal diagnosis encompasses several disciplines: clinical and laboratory genetics, obstetrics and antenatal ultrasound, biochemistry, paediatrics, and fetal pathology. Those working in this area must be a 'Jack of all trades'. They may well feel daunted at the rapid changes taking place, by the difficulties at communicating sometimes imprecise information, and helping families face very difficult decisions.

The stated aim of this book is to provide a basic practical introduction for the wide range of health professionals involved. With the very few reservations outlined below it fulfils this aim.

The principles of screening and prenatal maternal screening are covered comprehensively and very readably; I highly recommend this chapter. The role of ultrasound and the more common abnormalities detected are well covered to give an overview but not in enormous detail. The section on invasive procedures has concentrated too much on the actual technique for most, who will not turn to this text for advice on how to do a procedure. I take issue with the conclusion suggesting no association between chorion villus sampling and limb reduction defect at any gestation, because this is based on the work of one group and ignores the concerns raised by other groups throughout the world.

Laboratory investigation by cytogenetic and recombinant DNA technology are up to date, helpful and well covered. There is quite a lot of detail for those uninitiated in molecular matters. One or two errors—recurrence after the birth of a non-translocation Down's syndrome child is not more likely if the mother was young (although the increase in risk is greater); a presumed misprint has led to an unfortunate sentence concerning chickenpox 'fetal damage is rare and unpredictable and termination of pregnancy is recom-

mended'. There is some imbalance in this book, in that more space is given to infection (in a very useful chapter) than structural abnormality, and there is a whole chapter devoted to osteogenesis imperfecta. This disease is used as a model to demonstrate the clinical genetics and prenatal diagnosis of this interesting group of collagen disorders.

A section is correctly given to ethical, educational, and counselling considerations. Inevitably any textbook on prenatal diagnosis will soon become out of date in some areas. However, this is a very useful and readable book and I would recommend it to anyone entering the field of prenatal diagnosis.

PATRICIA A BOYD
Clinical geneticist

SOFTWARE REVIEW

Castlemead Growth Program II.

Compiled and written for Castlemead Publications by the MRC Dunn Nutritional Laboratory, University of Cambridge, 1994. Available from Castlemead Publications, 12 Little Mundells, Welwyn Garden City, Herts AL7 1EW; price £475 + VAT.

The objective of this innovative software, the *Castlemead Growth Program*, was to provide a readily accessible system of recording growth data for computerised visual display. With the aid of the program it should be possible to dispense with paper growth charts altogether, and to generate data files that can be exported for statistical analyses by other programmes.

The potential clinical benefits to the busy practitioner are considerable.

The program was originally released in two versions. Program I was aimed at a broad medical market, such as general practitioners, and restricted to the recording of weight, height, and head circumference data; this has now been discontinued. The more advanced version, program II, which is aimed at a specialist market, has other features too. These include the capacity to record other measurements (for example, leg length, triceps and subscapular skinfolds, Turner's syndrome height, Down's syndrome height and weight and body mass index). It is also possible to analyse growth parameters with a variety of growth standards and to import and export data files from other software packages such as SPSS or Microsoft Excel. Program II is supplied with the new Buckler-Tanner British Clinical Longitudinal Growth Standards (1995) for height and weight.

We have been using the specialist version of the software in a variety of research projects since its release in 1993. Accordingly, we should by now be familiar with its functions and idiosyncrasies. Yet we still approach any task that involves more advanced functions than simple data entry with trepidation. The manual supplied with the program gives the user limited information and is not at all clearly written. Although a telephone support service is supposed to be available we have persistently met with limited success in finding anybody able to advise us. The usual response is that the 'adviser' is unable to help with anything other than the most basic functions of the program. Furthermore, when colleagues visited the suppliers they were extremely disappointed at the lack of knowledge of those demonstrating the program's capacities.

Even our research staff who are highly computer literate have encountered difficul-

ties in using this arcane system. For example, when setting up a data file a number of different record fields need to be created, and these vary depending on the growth measures wanted. Each of the records (for example, composite record, primary record, and growth standards) needs to be linked. Yet the manual provides little insight into how to go about this task. Although it should be possible to transfer data and to import and export growth data created in ASCII format elsewhere, this relatively straightforward task took a student, already very familiar with the program, a number of days to complete.

Once a file is set up and data have been entered it is possible to generate a variety of graphical representations of your data, either in SD scores or centiles. Printing the information is rather more difficult. Despite having tried at least four different printers we still experience problems printing growth charts; the printer interface certainly does need revision. When it works though, the results are wonderful!

Despite all the drawbacks, once one is familiar with its idiosyncrasies the program is an invaluable tool for anybody seriously concerned with the measurement of growth in children. For example, the computation of SD scores for a variety of anthropometric measures, including body mass index, saves an inordinate amount of time when compared with calculating these measures by hand. The variety of ways in which growth charts may be printed is also a potentially valuable resource. To summarise, this is extremely valuable but still expensive software—which takes some persistence to master.

DAVID H SKUSE
Professor of behavioural sciences